

July 2008

UNSAFE/INAPPROPRIATE PLACEMENTS

Goal 1, Outcome 6 (Revised Implementation Plan, p. 27)

Outcome 6: Children will receive a private and individual face-to-face health and safety visit from an assigned caseworker at least once every calendar month, with no visit being more than 40 days after the previous visit.
(CA submission version number five)

Benchmarks required for compliance- Outcome 6

	FY05	CY06	CY07	FY08	FY09	FY10
Statewide Benchmarks *	Baseline	75%	85%	95%	95%	95%
Data provided by CA:	Data not available	8/1/07	8/1/08	1/1/09	1/1/10	1/1/11
Monitoring Report date:	10/4/07	10/4/07	9/15/08	3/15/09	3/15/10	3/15/11

* Compliance with this outcome requires the statewide benchmark to be met. In addition, no region's performance may be more than 10 percentage points lower than the statewide benchmark.

Background:

The Children's Administration approach to achieving monthly visits includes three overarching strategies:

- Reduce caseload size;
- Reduce workload; and
- Monitor performance and provide feedback to local offices.

Children's Administration has been actively working on a number of these strategies over the past several years. In addition to efforts to reduce caseload and workload described in the background information below, Children's Administration has focused on improving outcomes for families by implementing new evidence based treatment programs, such as Parent Child Interaction Therapy, Multidimensional Treatment Foster Care, and the Incredible Years Program; and by utilizing components of the Family to Family Initiative to

increase family engagement in case planning and services. This compliance plan builds upon progress made by the Children's Administration.

New Social Work Staff Since 2005

The Children's Administration (CA) has consistently sought additional resources to reduce caseloads and implement monthly visits between social workers and children. With the support of the Governor and Legislature, CA received funding for an additional 399 social workers and 66 support staff, for a total of 465 new staff, above the 2003-05 budget appropriation. Highlights of this funding include:

- Funding in the 2005-07 budget for **110 new staff** to implement child protective services and child welfare services reform;
- Funding in the 2005-07 budget for **71 new staff** to implement provisions of Child Neglect legislation;
- Funding in the 2006 Supplemental and the 2007-09 budget to phase-in an additional **284 new staff**, by the end of December 2008, for monthly visits of children; and,
- Funding in the 2008 Supplemental to accelerate the hiring of monthly visit staff so that all staff are hired by May 2008 rather than December 2008.

Other initiatives that have been recently funded to help reduce workload and strengthen the continued commitment for the safety and well-being of children include:

- Funding of FamLink which will reduce paperwork and redundant data entry so social workers can spend more time working with children and families¹;
- Funding to establish the Center for Foster Care Health Services. The Center will provide care coordination services and gather, organize, and maintain individual health histories for nearly 2,000 children in foster care;
- Funding to contract for twenty-two chemical dependency specialists who will provide services in each field office; and,
- Funding of additional resources for relative placements and support services for birth and foster parents.

¹ It is anticipated that FamLink will result in a continuing reduction of workers' data entry workload; however, there will be a substantial learning curve for all existing workers with the initial implementation of the new system.

Workload Study

As part of the agency's efforts to build a solid operational foundation, CA began a comprehensive workload study of its child welfare workers in 2006, with data collection occurring in 2007. Because of the dramatic increase in the number of new policy and legal mandates required of child welfare staff, CA leadership needed a better sense of all of the work that needed to be done and the time and staff needed to do that work. The workload study gave CA this information. As expected, the workload study found a considerable gap between current resources and the resources needed to meet all requirements at a high level of performance.

The Workload Study final report was released on November 30, 2007. At the same time, CA began implementing a Workload Action Plan that included strategies to streamline workflow and identify work efficiencies. Four workgroups were convened under the Action Plan with a goal to make recommendations to create efficiencies to reduce workload. These groups began their work in December 2007 and January 2008. The four workgroups are:

- Regional Workgroup which was charged with developing strategies to streamline work flow and manage overall work across the regions.
- Vacancy Workgroup which was charged with the task of developing methods and plans to reduce the time that supervisors and social workers cover the workload of vacant positions.
- Policy Workgroup which was charged with identifying mandatory requirements from federal and state law and policy, developing a list of policy and procedures to be considered for change, and developing processes for streamlining policy development and implementation.
- Union Management Communication Committee (UMCC) Workgroup which is made up of Children's Administration staff and Washington Federation of State Employees (WFSE) representatives. Together they are reviewing data and discussing ideas to streamline work flow and develop strategies to manage overall work in a concerted effort to reduce social worker workload. The first meeting was held December 17, 2007.

As noted above, the collaborative work of the UMCC workgroup was underway before the 2008 Legislative session began. A 2008 Legislative

budget proviso gave the UMCC workgroup a sharper focus and legislative report deadline.²

CA and WFSE have held six full-day meetings to discuss workload issues. Six additional full-day meetings are scheduled before November 1, 2008. This work includes analyzing data, examining policy and processes, and making recommendations to reduce workload. The results of the workload study report are being used at the UMCC meetings to identify possible workload efficiencies and changes. To date the CA and WFSE have:

- Reviewed work of the Regional and Policy Workgroups and discussed implications for the UMCC work,
- Reviewed current tasks performed by social workers,
- Identified tasks that could be done by non-case carrying staff or through contracts, and
- Reviewed the task list from the workload study to validate that identified tasks would save time if moved from social worker workload.

Final recommendations of the UMCC will be included in a report to the Legislature on November 15, 2008.

Baseline (prior to implementation of monthly visit policy):

Current Baseline	
Region 1	52.5%
Region 2	50.9%
Region 3	63.2%
Region 4	47.6%
Region 5	49.3%
Region 6	52.8%
Total	53.1%
Child received visit in May 2008.	

² ESHB 2687, Chapter 329, Laws of 2008, Section 202(23), requires the Department of Social and Health Services, Children's Administration (CA) and the Washington Federation of State Employees (WFSE) to work together, specifically "The department shall work with the exclusive bargaining representative for the children's administration social workers to prioritize social worker tasks and devise methods by which to alleviate from the social workers' workload lower priority tasks. Discussions and methods shall include the use of contracting services and home support specialists. The department and the bargaining representative shall jointly report their efforts to the appropriate committees of the legislature by submitting a progress report no later than July 1, 2008, and a final report by November 15, 2008."

This baseline is based on May 2008 and is measured by whether a child received a private face-to-face visit in May.

Compliance Plan Targeted Strategies:

CA is implementing six major strategies to reduce the workload of case carrying social workers so monthly visit performance can improve and reach compliance performance levels. Additional strategies may be identified based on the work of the UMCC Statewide Ad Hoc Workgroup.

In consultation with stakeholders, initial strategies were identified and implemented by regional management teams, beginning in January 2008. See Attachment A, *May 2008 update Regional Workload Reduction Plans*. Implementation of the plans is monitored and strategies are continuously evaluated to determine the effectiveness of the anticipated workload reduction. These plans are being regularly updated by the Regions as the strategies are implemented.

Strategy 1

Identify Alternatives to Social Workers Transporting Clients

Rationale: Reducing the amount of time social workers spend transporting clients to appointments and visits, will allow additional time to conduct monthly visits. CA is in discussions with the Washington Federation of State Employees (WFSE) on alternatives to social workers transporting clients, including the possibilities of additional contracts.

The workload study provides a valuable starting point for analyzing social worker transportation patterns. The following chart is based on workload study data and shows staff time spent transporting. CA is using this information to identify potential time savings and probable costs associated with contracting or shifting the work to other job classifications. Implementation of this strategy will require the identification of resources.

Strategy #1: Alternatives to Social Workers transporting clients		
Total number of hours transporting clients - Case Carrying Social Workers		
Region	SW Hours in Feb '07 transporting clients	Estimated Annual Hours
Region 1	254.65	3,055.80
Region 2	169.27	2,031.24
Region 3	442.80	5,313.60
Region 4	425.52	5,106.24
Region 5	315.25	3,783.00
Region 6	239.27	2,871.24
Total	1,846.76	22,161.12

Strategy 2

Identify Alternatives to Social Workers Conducting Parent-Child Visits

Rationale: Reducing the amount of time social workers spend conducting parent – child visits will allow additional time to conduct monthly visits. Children's Administration is in discussions with the Washington Federation of State Employees (WFSE) on alternatives to social workers conducting parent- child visits, including the possibility of additional contracts.

Strategy # 2: Alternatives to SWs conducting Parent-Child Visits
Number of Hours identified by CFWS workers for Parent-Child Visits
Statewide total by month* – 1,139.50
Estimated statewide annual total* - 13,674.00
Note: This does not capture transportation, documentation or other tasks associated with conducting Parent-Child Visits.

*Regional data for this item not available in data files provided to CA

Strategy 3

Decrease the Time Social Workers Spend Waiting for Court

Rationale: Reducing the amount of time social workers spend waiting for court will allow more time to conduct monthly visits

Regions are working with their local courts to identify ways to reduce the amount of unproductive time that social workers spend waiting for court proceedings to start. Currently, most juvenile courts do not calendar a case for a specific court time, which means all the social workers who have a case set before a court on a day must be present at the start of the calendar day and until their case has been called.

The workload study showed the following staff time spent waiting for court (this does not include the time spent in court hearings). CA is using this information to identify potential time savings. This item is dependent upon establishing agreements with courts.

This strategy will require cooperation from the local courts, local attorneys representing parents, as well as other court related personnel and support staff.

Strategy #3: Reduce wait time in courts		
Total number of hours waiting in court - Case Carrying Social Workers		
Region	SW Hours in Feb '07 waiting in court	Estimated Annual Hours
Region 1	300.12	3,601.44
Region 2	263.98	3,167.76
Region 3	434.62	5,215.44
Region 4	745.10	8,941.20
Region 5	300.25	3,603.00
Region 6	403.72	4,844.64
Total	2,447.79	29,373.48

Strategy 4

Decrease social worker caseload (see Caseload Reduction Action Step Compliance Plan for strategies related to reducing worker caseloads)

Rationale: Reducing the social worker caseload decreases the number of visits social workers are required to conduct. Estimate is based on detail in caseload ratio plan.

Strategy #4: Reduce caseload	
Region	Estimated Caseload Reduction
Region 1	326
Region 2	50
Region 3	368
Region 4	278
Region 5	86
Region 6	205
Total	1,313

Strategy 5

Increase family engagement in the decision making process.

Children's Administration proposes two family engagement strategies.

5a) Increase availability of Family Team Decision Making (FTDM) meetings.

Rationale: Increasing the availability of FTDM meetings will allow more families to gain from its benefits. A benefit specifically tied to monthly visits is increased placement stability, which is good for the child and avoids additional work for a social worker. Another advantage is earlier engagement by families in services, which can reduce the time social workers spend on case plan changes as well as impact time to reunification. CA will continue to monitor these outcomes for families who receive FTDM meetings.

Increasing our capacity to conduct FTDMs will require additional resources. Currently 50 percent of cases are covered by FTDMs. The remaining 50 percent will be covered as additional resources are authorized.

5b) Use Solution Based Casework with families

Rationale: CA will use Solution Based Casework in its regular casework with families. Solution Based Casework, when used in Kentucky, had

an impact on family engagement in services.³ Earlier engagement in services reduces the length of time to achieve permanent plans.

Strategy 6

Increase the availability of specialized disclosure and discovery units

Rationale: Increasing the availability of specialized disclosure and discovery units results in less social worker time spent on redacting information for public disclosure, discovery, and adoption disclosure.

Strategy # 6: Disclosure and Discovery Units
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Number of Hours identified by CFWS workers for Public Disclosure & Discovery
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Statewide total by month* – 916.85

Estimated statewide annual total* - 11,002.20

*Regional data not available in data files provided to CA for this item

GENERAL STRATEGIES:

CA anticipates the targeted strategies outlined above will allow us to reduce workload. However, we also anticipate needing to initiate additional strategies to achieve greater performance toward the benchmarks. CA has identified additional general strategies that will be ongoing to address and manage workload and performance.

Children's Administration will regularly monitor the impact of the above strategies and will make decisions about adjusting strategies based upon the performance data, as well as the overall impact of the strategies.

³ A study found clients in SBC were significantly more likely to complete tasks assigned by the worker - approximately 75% of SBC clients completed tasks while only 37% of non-SBC clients did. SBC clients were also significantly more likely to contact collaterals directly. Engaging Child Welfare Families: A Solution-Based Approach to Child Welfare Practice, Dana N. Christensen.

General Strategy 1

Regional Implementation Plans

The Regions will review monthly visit data at the office level. Monthly monitoring will be used to evaluate the effectiveness of the strategies and to determine where additional or alternative strategies need to be employed. These efforts will be part of the Regional Implementation Plans.

The plans will be provided to the Panel annually at the same time as the August Progress Report.

General Strategy 2

Resource Identification

CA anticipates a need for additional resources. As CA evaluates the strategies over the next few months, CA will work with state fiscal staff to refine resource requests for inclusion in the 09-11 biennial budget.

Monthly Data:

CA will provide monthly data at the Regional and State level on the provision of a face-to-face visit by the social worker every calendar month beginning with September 2008 counts, using CAMIS data. There is a data entry lag. Therefore, the data for the month of September 2008 will be provided to the Panel in early November 2008.

Analysis will be done to determine how monthly visit data will be provided from FamLink. Interim measures may be needed. CA will consult with the Panel as the interim measures are being developed.

Social Workers will be Instructed How to Document Visits:

In September 2008, monthly visits are required for all children in out-of-home care. CA will measure compliance with this policy with the current administrative data system, CAMIS, in the service episode record (SER). Social Workers will be instructed to use specific codes to document a visit each

calendar month. Visits are defined in the policy. See Attachment B, *Monthly Visits Policy*.

CA will provide a demonstration to Panel staff on the codes used in CAMIS and FamLink to capture monthly visits. CA will demonstrate the FamLink process during the FamLink update at the October Panel meetings.

In the meantime, screen shots of both the CAMIS and FamLink screens where the worker records the visits, as well as additional directions provided to workers on the CA intranet are provided with this plan. See Attachment C, *Screen Shots from FamLink and Camis*.

Previous Findings:

In the 1st Monitoring Report, issued March 28, 2006, the Panel found the Action Step incomplete. CA submitted the first proposed compliance plan with a letter, dated May 4, 2006. In the June 22, 2006, Decision Report the Panel did not approve the proposed compliance plan.

CA submitted a second proposed plan in July of 2006. In the September 5, 2006, Decision Report the Panel did not approve this compliance plan. The Panel included the following comments:

"The following changes are necessary in order for the Compliance Plan to be considered acceptable:

- *Implementation timeline*: The phase-in plan for implementation of monthly visits should be revised to coincide with the schedule of office visits for COA accreditation. Monthly visitation is a COA standard, and offices should be in compliance with this expectation at the time of their accreditation site visits and thereafter. This phase-in schedule should replace the schedule by category of children outlined in the proposed Compliance Plan, and should be linked to the schedule for reducing caseload size (Action Step 1(c) (9)).

- *Definition for monthly visits*: The Panel accepts the change in language to "once per month, with not more than 40 days elapsing between individual visits." However, the definition should be

revised to require that all children are observed 1) in the home with the caregiver present and 2) in private, separate from the caregiver, either in the home or in another location where the child is comfortable.

- *Proposed Change to Action Step:* The paragraph that begins, "Additional factors which could affect implementation of this Action Step include...." should be deleted."

At the June 2007 Panel meeting, the Panel noted that the Settlement Agreement only provides for two rounds of compliance plan submissions, but the Panel wanted to bring four Action Steps, that had been through two rounds, back before the Panel. The Panel requested CA submit new proposed compliance plans for four Action Steps. This is one of the four.

The third compliance plan was submitted for this Action Step. However, in its 4th Monitoring Report, issued October 4, 2007, the Panel did not approve this compliance plan. The Panel noted that an acceptable plan for phase-in of monthly visits has not been provided and the policy does not clearly indicate when it will be fully implemented.

In previously proposed compliance plans, CA provided plans to reduce caseloads with projected reductions tied to the addition of the new social workers. These projections were calculated based on an expected case growth rate and increased staff.

The fourth proposed compliance plan was submitted for both the Action Step and the Benchmark for monthly visits. A separate plan was submitted for the first week visits. The Panel and parties exchanged comments and questions, with no decision.

On June 30, 2008, an enforcement action resulted in an order for new compliance plans to be submitted within 30 days. This compliance plan is submitted pursuant to that order.